

EXHIBITOR GROUP REGISTRATION FORM

Registration Deadline: Friday, June 8, 2007

If needed, please make additional copies of this form so all information will fit!

REGISTER YOUR EXHIBIT STAFF ONLINE!!!!

SAVE YOURSELF TIME AND ENERGY—YOUR COMP STAFF (PER BOOTH) WILL BE AUTOMATICALLY CALCULATED ONLINE!

Go to www.namb.org and click on the *NAMB REIGNS* logo and go to “EXHIBITORS” link and click on the registration link. Enter your *booth name* and your *password*.

(The password is the last name of the contact person on the Exhibit Space Rental Agreement.)

It’s quick, easy and our systems will instantly recognize the specifics of each exhibiting company!

Company _____ Booth # _____

On-Site Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

PLEASE NOTE:

Booth Personnel Badges will only be given to either the individual or to the On-Site Contact (as listed above). For security purposes, NO ONE will be allowed to enter the exhibit hall without their badge. If you plan to distribute badges to your exhibit staff it must be done outside of the hall. No one will be allowed to their booth to pick up their badges from their contact. Any *additional changes* received after Friday, June 8, 2007 will not be processed until on-site.

Exhibitor Registration Cancellation, “Swapping” and Refund Policy

- Notice of cancellations must be made in writing (no exceptions) and sent to the address listed on the next page.
- All cancellations received on or before 5:00pm EST on Friday, June 8, 2007 are subject to a 50% cancellation fee. Refunds will not be made to no-shows. Refunds will not be issued until 30 days after the convention.
- “Swapping of names” (changing the name of one attendee to another) after 5:00pm EST on Friday, June 8, 2007 is subject to a \$20.00 fee.

Booth Personnel--Complimentary and Additional

Additional Personnel: \$150.00 on or before 4/20/07, \$200.00 after 4/20/07

- *If the additional personnel are from a different City/State than listed above, please include details.*

Name	<u>EXAMPLE: John Smith</u>	<u>Norton, MA</u>	\$	<u>COMP</u>
Name	_____	_____	\$	_____
Name	_____	_____	\$	_____
Name	_____	_____	\$	_____
Name	_____	_____	\$	_____
Name	_____	_____	\$	_____

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EXHIBITOR GROUP REGISTRATION FORM

(Continued)

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Optional Exhibitor Full Registrations (FC)

\$375.00 on or before 4/20/07, \$575.00 after 4/20/07.

- If the full registrant is from a different City/State than listed above, please include details.

Name EXAMPLE: Jennifer Smith Norton, MA \$ \$200.00

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Name _____ \$ _____

Full Registrations include the cost of the ticked events, except for the Thursday Reception at the Space Needle.

Opening Reception at The Museum of Flight (OR)

Friday, June 22, 2007 Tickets are \$75.00 each

7:00pm-9:00pm Number of Ticket(s) Ordered: _____ \$ _____

Gala Dinner & Showcase followed by Casino & Cabaret at the Sheraton Seattle (GD)

Monday, June 25, 2007 Tickets are \$125.00 each

7:30pm-11:30pm Number of Ticket(s) Ordered: _____ \$ _____

Pre-Convention Reception at The Space Needle (SN)

(This event is not included in the price of a full registration. Tickets must be purchased separately.)

Thursday, June 21, 2007 **SOLD OUT**

6:30pm-9:30pm Number of Ticket(s) Ordered: _____ \$ _____

Exhibitor Group Tickets purchased by using this form to the Opening Reception and/or the Gala Dinner and Showcase will be given only to the On-Site Contact (as listed above). Individual tickets may also be purchased on-site or in the future via the NAMB web site. Thank you for your cooperation. **INDIVIDUAL TICKETS TO THE GALA, OPENING RECEPTION, AND PRE-CONVENTION RECEPTION/SPACE NEEDLE ARE NON-REFUNDABLE.** In addition, NAMB shall not be liable for any interest on the amount refunded.

Total \$ _____

Yes, please send the on-site contact all the badges for the organization.

(Please note: You must bring these badges onsite. If they have to be reprinted onsite, there will be a \$20 reprint fee per badge.)

Payment Information

➔ Check Enclosed ➔ Visa ➔ MasterCard ➔ American Express

Name on Card _____

Card number _____ Exp. Date _____

Signature _____

Return by Friday, June 8, 2007 to:

NAMB 2007, P.O. Box 4088, Frederick, MD 21705-4088

or by fax (credit cards only): 301-694-5124 Questions? Call 301-694-5243